

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the

Case Number: PB _____
**FEE STATEMENT (LOCAL RULE 5.7)
 AND PROOF OF MAILING**

 A Deceased Person

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date):

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____ **TOTAL CHARGE**

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____